

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)



(CFA-4) Summary Sheet

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side. Edg. BLACK PER

IS THIS AN AMENDMENT? Yes WHNOON COUNTY COURTS

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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COMMITTEE TO RE-ELECT S	TUDGE STURTEVANT	CMAIS	CHUTTANI SMI JAL	2246
Acronym or Abbreviated Name (if any)		3. Commit	tee Telephone Number	TREO
tioning prilinger ratel years printing period	tine amount self	(317	841-0966	acondo attici sust.
4. Mailing Address (address where all campaign finance 9515 E. 106 \$7.	correspondence is received)	Check if this is	a new address	estimopa notos ni bevisos ribide ontone su over
5. City, State, ZIP Code	bruil factors area		filiation (if applicable)	Election 2 value
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CANDIDATE	INFORMATION (For Candidate's	Committees	Only)	
7. Full Name of Candidate (include any nickname)			filiation or If Independent	Candidate
WAYNE A. STURTEVANT	Segal PALL and		BLICAN	TOTAL FACES
9. Office Sought (Include district number, if any. Not req			of Residence	
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Pre-Primary Pre-Election Annual Nomination Other			Pre-Conver	
Final/Disbands Committee (lines 18, 19, and 20 must be "0")	outgoing Treasurer (within 10 days amend Statemen	t of Organization)	Post-Conve	ention
12. Reporting Period:	1 /		COLUMN A	COLUMN B
	rough: 10/10/08		This Period	Year to Date
13. Cash on hand and investments at the beginning of the			100.00	
14. Cash on hand and investments January 1, current y				0
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CONTRACTOR OF THE PARTY OF THE	oans, as well as cash contributions.)			130.00
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15b. Unitemized 15c. Add lines 15a and 15b in both columns	21112	BTOTAL	0	120.00
	the same of the state of the st	TOTAL	110	130.00
16. Add lines 13 and 15c in Column A and lines 14 and		TOTAL	100	130.00
(Note: These amounts include in-kind expenditures and				
17a. Itemized (use Schedule B) (Public Question: use S		seci the vito		ACTOR NOT THE STATE
17b. Unitemized	credule O)	and binaria	100.00	130.00
17c. Add lines 17a and 17b in both columns	SI S	JBTOTAL	160.00	130.00
ARRIVE SOUTHER AND DESCRIPTION OF THE PROPERTY	Designation of the Post of the	TOTAL	700.00	
18. Cash on hand and investments at close of this reporting peri	od (subtract 17c from 10 fir both columns)	TOTAL	0	0
19. Debts OWED BY the committee (use Schedule D)			0	
20. Debts OWED TO the committee (use Schedule E)	BIR 1900 HORISS	andrict days	0	
C	ERTIFICATION		FO	R OFFICE USE ONLY
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	between sine		16/08	

ed for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly A person who fails to file a complete or accurate report as required by the Indiana 14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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Page_	2	of	10	00	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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Contributor's Occupation (If required)	Other Receipts: Interest Loan Misc. (specify)	a contributor's na		MPORTANT
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Contributor's Occupation (if required)		/	inno malbodim bi	ciscle masm
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Contributor's Occupation (if required)	N THE LAST PAGE ONLY	SC JEDIJLE A C	IL PAGES ON	A 90 JUTOT
5.	Contributions: Direct In-Kind (describe)			
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Contributor's Occupation (if required)				
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
(street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	and PURPOSE (be specific)	AMOUNT THIS PERIOD		
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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PUBLIC QUESTION INFORMATION Type of Question: Statewide Local				INTION: Entire	Page 8	of
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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Page	9	of	10			

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
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(Enter total on ITEM 19 of the Summary Sheet) \$					*



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, <u>regardless of the amount</u>, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

FILE NUMBER						
Page	10	of 10	(9			

BORROWER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
g address of the person to		NG ADDRESS: Ex given a loan within	AND MAIL	VERES NAME	VORROR Idla Interday
* * *	er the full name and mailing				
initions (d baruse asw es	te by the reporting committee	sers, if the loan ma	not no na se	mobne-co d	
	Wisitini eetimmoo griftally	ncipal amount the r		100/	ORIGINA
	e collected by the reporting itee, such as a Toen."				NATURE shortes
ort ye share made by the	ay and year that initial loan	Enter the month, o	/	MOITAGLE	DATE, O
	amount of principal repaid t	-		TIVE PAID	CUMUD
	d to the committee is heated sommittee on a loan, the amo and reported on Schedule I		e nacipal m serest in pa also to be		or sewo berne no nen nee
		PERIOD: Enter III	NICE THIS	LIAS DINGRAL	ATETUO
		tinguished.	e debt is ex	dt litnu hogs	done no
	lo soci soli il latorius s	EDUCE EL EMIS IL. e is lhe same as lh			
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					DesitS
		SUBTOTA	L THIS PAGE C	F SCHEDULE E	\$
	TOTAL OF A	ALL PAGES OF SCHEDUL		ST PAGE ONLY Summary Sheet)	\$